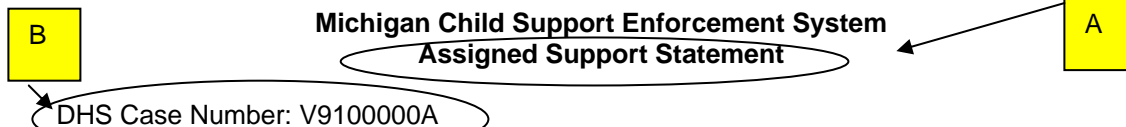




JANE DOE
1818 BRIDGE STREET
BAY CITY MI 48706

Information only
No action needed
Save for your records



DHS Case Number: V9100000A

Listed below are child support payments (by docket number) sent to you and the State of Michigan. Because you assigned your rights to support to the State of Michigan when you applied for assistance on your DHS case listed above, the state may continue to receive payments up to the total amount of cash benefits you received. You may also be receiving this statement if you have not received cash benefits, but you have a Medicaid case.

Collections/Payments Statement Period: 10/01/2008 to 12/31/2008

C	D	E	F	G
Collection Month/Year	Current Amount Paid	Arrears Amount Paid	Support Paid to Family	Support Paid to State
H	I	J		
Docket: 2001123456 – Wayne, IV-D Case ID: 913456898, Payer: JOHN DOE				
01/2008	\$34.67	\$50.00	\$0.00	\$84.67
02/2008	\$32.00	\$0.00	\$32.00	\$0.00
03/2008	\$0.00	\$30.00	\$30.00	\$0.00

Docket: 2001123456 – Wayne, IV-D Case ID: 824659879, Payer: CHAD SMITH				
01/2008	\$0.00	\$50.00	\$45.00	\$5.00
02/2008	\$0.00	\$90.00	\$0.00	\$75.00
03/2008	\$0.00	\$50.00	\$0.00	\$50.00

Note: The Current Amount Paid and the Arrears Amount Paid may not equal the Support Paid to Family and Support Paid to State because of money that may have been owed for fees, or money that was received but has not yet been sent to the state or to the family. Please write your Friend of the Court office if you have questions.

- A** – This is the new name of this statement, formerly the *Child Support Quarterly Statement*.
- B** – This is the Department of Human Services case number for which you receive Family Independence Program grant or medical benefits.
- C** – This column shows the month and year that the child support collection was received.
- D** – This column shows the amount paid in the month it was due.
- E** – This column shows the amount paid after the month it was due.
- F** – This column shows the amount paid to you.
- G** – This column shows the amount kept by the State of Michigan to repay the public assistance or medical benefits you received.
- H** – This is the number assigned by the court to track a court case specific to a county.
- I** – This is the child support case number.
- J** – This is the payer of child support.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Legal Authorities: 45 CFR 302.54, Assigned Support Statement Criteria

This institution is an equal opportunity provider.